

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>2727.86</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E67A4742200AC4477ACF</b>		
Purpose of Expenditure <b>IE-Radio-Curbelo</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Carlos Curbelo</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President		District: <b>26</b> State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		<b>2727.86</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>2312.06</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E7ADA752CEC6D412CB4</b>		
Purpose of Expenditure <b>IE-Radio-Denham</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Jeff Denham</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President		District: <b>10</b> State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>2312.06</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>5039.92</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>824.97</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E991FA9D6183B4C93886</b>		
Purpose of Expenditure <b>IE-Radio-Rigell</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Edward Scott Rigell</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>02</b> State: <b>VA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>824.97</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>733.88</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E2B9BE1C31D9346A5A2E</b>		
Purpose of Expenditure <b>IE-Radio-Shea Porter</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Carol Shea-Porter</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>01</b> State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought		<b>733.88</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>1558.85</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 3 OF 38  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00509893       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>28</div><div>2014</div></div>	
Mailing Address 111 Windel Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3803.53</div>	
City Raleigh	State NC	Zip Code 27609-4475	<b>Transaction ID : E180DBE7C064A44B0B43</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure IE-Radio-Reed	Category/Type		
Name of Federal Candidate Thomas W Reed II		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NY
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3803.53</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>28</div><div>2014</div></div>	
Mailing Address 111 Windel Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1651.05</div>	
City Raleigh	State NC	Zip Code 27609-4475	<b>Transaction ID : E8DDB7AF150914C31A6E</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure IE-Radio-Allen	Category/Type		
Name of Federal Candidate Richard W Allen		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: GA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1651.05</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5454.58</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

 MM / DD / YYYY  

10

29

2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 4 OF 38

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>1737.90</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EA9F23E393F95475FAD9</b>
Purpose of Expenditure <b>IE-Radio-Heck</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Joe Heck</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1737.90</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>2051.80</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EF2A3831CFF6F4A49BEE</b>
Purpose of Expenditure <b>IE-Radio-King</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Steve King</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>04</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>2051.80</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>3789.70</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 5 OF 38  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00509893       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>28</div><div>2014</div></div>	
Mailing Address 111 Windel Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">34606.62</div>	
City Raleigh	State NC	Zip Code 27609-4475	<b>Transaction ID : EDBE96BD804A54A7D824</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure IE-Radio-Tillis	Category/Type		
Name of Federal Candidate Thom R Tillis		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">64986.61</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>28</div><div>2014</div></div>	
Mailing Address 111 Windel Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">494.98</div>	
City Raleigh	State NC	Zip Code 27609-4475	<b>Transaction ID : E94D2E0ECF4894F5882C</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure IE-Radio-Young	Category/Type		
Name of Federal Candidate David Young		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">494.98</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">35101.60</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

 MM / DD / YYYY  

10

29

2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 6 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>4206.27</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E1647CD0A7FE34C35A9C</b>
Purpose of Expenditure <b>IE-Radio-Valadao</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>David Valadao</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>21</b> State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>4206.27</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>2312.06</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E857A5F9DF1514D4186A</b>
Purpose of Expenditure <b>IE-Radio-Southerland</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>William Steve Southerland II</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>02</b> State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		<b>2312.06</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>6518.33</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 7 OF 38

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>899.95</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E0D387145B096446ABEB</b>
Purpose of Expenditure <b>IE-Radio-Coffman</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Michael Coffman</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought		<b>899.95</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>4630.49</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EAFEB455F6D8D435B858</b>
Purpose of Expenditure <b>IE-Radio-Daines</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Steven Daines</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>MT</b>
Calendar Year-To-Date Per Election for Office Sought		<b>4723.73</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>5530.44</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 8 OF 38

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>3776.32</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EE376E8F1D1304EEA940</b>
Purpose of Expenditure <b>IE-Radio-Shaheen</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Jeanne Shaheen</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought		<b>3839.72</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>868.95</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E46235FF22CE44705851</b>
Purpose of Expenditure <b>IE-Radio-Mooney</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Alexander Xavier Mooney</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought		<b>868.95</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>4645.27</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 9 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>4630.48</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E8D1E46B725E040BD8B7</b>		
Purpose of Expenditure <b>IE-Radio-Zinke</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Ryan K Zinke</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>00</b> State: <b>MT</b>
Calendar Year-To-Date Per Election for Office Sought		<b>4630.48</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>2312.06</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E7B8E66A58966499DACD</b>		
Purpose of Expenditure <b>IE-Radio-Hurd</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>William Hurd</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>23</b> State: <b>TX</b>
Calendar Year-To-Date Per Election for Office Sought		<b>2312.06</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>6942.54</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 10 OF 38  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00509893         </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 28 / 2014</div> </div>		
Mailing Address 111 Windel Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2215.69</div>		
City Raleigh	State NC	Zip Code 27609-4475	<b>Transaction ID : E4C166BB1A44B423A9FF</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure IE-Radio-Cramer		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Name of Federal Candidate Kevin J Cramer		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: ND		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 28 / 2014</div> </div>		
Mailing Address 111 Windel Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8764.09</div>		
City Raleigh	State NC	Zip Code 27609-4475	<b>Transaction ID : ECC5C107B7A7E48DB94</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure IE-Radio-Gardner		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Name of Federal Candidate Cory Gardner		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: CO		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">10979.78</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 29 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 11 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>StateNets</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>2601 Northwind Drive</b>		Amount <b>9750.00</b>	
City <b>Henrico</b>	State <b>VA</b>	Zip Code <b>23233-3315</b>	<b>Transaction ID : E164F1E1A45464E14914</b>
Purpose of Expenditure <b>IE-Radio-McConnell</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Mitch McConnell</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>
Calendar Year-To-Date Per Election for Office Sought		<b>18477.73</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>1225.73</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	<b>Transaction ID : EB71389BA590A48A09D4</b>
Purpose of Expenditure <b>IE-Radio-Greenberg</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Mark Daniel Greenberg</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>05</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CT</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1225.73</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>10975.73</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 12 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>StateNets</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>2601 Northwind Drive</b>			Amount <b>30000.00</b>		
City <b>Henrico</b>	State <b>VA</b>	Zip Code <b>23233-3315</b>	Transaction ID : <b>E6D7C864EFF604874B9C</b>		
Purpose of Expenditure <b>IE-Radio-Tillis</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Thom R Tillis</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>64986.61</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>1979.92</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EF5A34880FB2F43A4BEE</b>		
Purpose of Expenditure <b>IE-Radio-Hill</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>James French Hill</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1979.92</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>31979.92</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 13 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>2457.71</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E975B1A3CA0ED499C942</b>		
Purpose of Expenditure <b>IE-Radio-Domino</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Carl J Domino</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>18</b> State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		<b>2457.71</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>16586.41</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E1AEFD33E6A4E4247BB1</b>		
Purpose of Expenditure <b>IE-Radio-Perdue</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>David Perdue</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: _____ State: <b>GA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>31871.51</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>19044.12</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 14 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>1984.33</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>ED921C0B8FDDA4EEFA9I</b>		
Purpose of Expenditure <b>IE-Radio-Bost</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Michael J Bost</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>12</b> State: <b>IL</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1984.33</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>10550.65</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E821AE764B471422483E</b>		
Purpose of Expenditure <b>IE-Radio-Roberts</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Pat Roberts</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: _____ State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought		<b>22700.65</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>12534.98</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 15 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>373.97</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E3ED121F5E2E843BBBC5</b>		
Purpose of Expenditure <b>IE-Radio-Comstock</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Barbara J Comstock</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>10</b> State: <b>VA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>373.97</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>4465.76</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EE646B74AD5D5430E859</b>		
Purpose of Expenditure <b>IE-Radio-Duffy</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Sean Duffy</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>07</b> State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought		<b>4465.76</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>4839.73</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 16 OF 38  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00509893       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 28 / 2014</div> </div>		
Mailing Address 111 Windel Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5409.97</div>		
City Raleigh	State NC	Zip Code 27609-4475	<b>Transaction ID : ED0C05F90DC284CD1B47</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure IE-Radio-Weh		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Name of Federal Candidate Allen Weh		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NM</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 28 / 2014</div> </div>		
Mailing Address 111 Windel Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1332.68</div>		
City Raleigh	State NC	Zip Code 27609-4475	<b>Transaction ID : EDE4C83FF4F55482C988</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure IE-Radio-Kuster		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Name of Federal Candidate Ann McLane Kuster		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">6742.65</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 29 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 17 OF 38  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>StateNets</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>2601 Northwind Drive</b>			Amount <b>12150.00</b>		
City <b>Henrico</b>	State <b>VA</b>	Zip Code <b>23233-3315</b>	Transaction ID : <b>E9A3A6053883B40B395E</b>		
Purpose of Expenditure <b>IE-Radio-Roberts</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Pat Roberts</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KS</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>22700.65</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>1035.02</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EAC09EC73B6BA44308AC</b>		
Purpose of Expenditure <b>IE-Radio-Bishop</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Mike Bishop</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>08</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MI</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1035.02</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>13185.02</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 18 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>1346.74</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E355D09E234FA43C2B5E</b>		
Purpose of Expenditure <b>IE-Radio-McKinley</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>David B McKinley</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>01</b> State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1346.74</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>3779.81</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E3E0331EB72B14051A65</b>		
Purpose of Expenditure <b>IE-Radio-Poliquin</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Bruce L Poliquin</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>02</b> State: <b>ME</b>
Calendar Year-To-Date Per Election for Office Sought		<b>3779.81</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>5126.55</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 19 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>494.98</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EBB48288AC92F4E5E85D</b>		
Purpose of Expenditure <b>IE-Radio-Walberg</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Timothy L Walberg</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>07</b> State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought		<b>494.98</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>3803.53</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EDDC43156813849F89CA</b>		
Purpose of Expenditure <b>IE-Radio-Davis</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Rodney Davis</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>13</b> State: <b>IL</b>
Calendar Year-To-Date Per Election for Office Sought		<b>3803.53</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>4298.51</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 20 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>2329.53</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E5E55E166A9C4489ABB2</b>		
Purpose of Expenditure <b>IE-Radio-Mills</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Stewart Mills</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>08</b> State: <b>MN</b>
Calendar Year-To-Date Per Election for Office Sought		<b>2329.53</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>3452.08</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EFE1D8285E6114E079AC</b>		
Purpose of Expenditure <b>IE-Radio-Tobin</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Andy Hon Tobin</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>01</b> State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought		<b>3452.08</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>5781.61</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature



FEC IDENTIFICATION NUMBER ▼

C	C00509893
---	-----------

☒ New report    ☐ Amends report filed on

Date of Public Distribution/Dissemination

Amount

494.98

**Transaction ID : EB6E3DA4D7A0E4AD48C:**  
Date of Disbursement or Obligation

Category/ Type	
-------------------	--

☒ Support  
☐ Oppose

Office Sought: ☒ House District: 06  
☐ President ☐ Senate State: NC

494.98

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ►

Date of Public Distribution/Dissemination

MM / DD / YYYY

Amount

2229.75

**Transaction ID : E2D5AD62249EB4F88A6F**  
Date of Disbursement or Obligation

Category/ Type	
-------------------	--

☒ Support  
☐ Oppose

Office Sought: ☒ House District: 02  
☐ President ☐ Senate State: NM

2229.75

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ▶

2724.73

[illegible]

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
--	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	----

Wayne Cockfield

*[Electronically Filed]*

Date \_\_\_\_\_

MM / DD / YYYY

FEC Schedule E (Form 24/28) Rev. 09/2013

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 22 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>1737.90</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E90F775E26E4A4CF9B70</b>
Purpose of Expenditure IE-Radio-Blum		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Rodney Leland Blum</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>4493.37</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EF6A2AAB9FF254D48AD</b>
Purpose of Expenditure IE-Radio-Sullivan		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Dan Sullivan</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AK</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>6231.27</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 23 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>2519.70</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EC1FBB83B4F284DFC8EE</b>
Purpose of Expenditure IE-Radio-Logue		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Daniel Logue</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>2519.70</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>11929.50</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E52B164BCA8DF4DFB8C</b>
Purpose of Expenditure IE-Radio-Cotton		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Thomas Cotton</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		<b>21018.18</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>14449.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 24 OF 38  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00509893       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 28 / 2014</div> </div>		
Mailing Address 111 Windel Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3953.59</div>		
City Raleigh	State NC	Zip Code 27609-4475	<b>Transaction ID : E32A115056E80467F8F9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>		
Purpose of Expenditure IE-Radio-Capito		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>		
Name of Federal Candidate Shelley Moore Capito			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: WV		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 28 / 2014</div> </div>		
Mailing Address 111 Windel Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16378.88</div>		
City Raleigh	State NC	Zip Code 27609-4475	<b>Transaction ID : E0FD69E98714E4245BAD</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>		
Purpose of Expenditure IE-Radio-Land		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>		
Name of Federal Candidate Terri Lynn Land			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MI		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">20332.47</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY

10 / 29 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 25 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>4201.86</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EBA21AEF6A7F94633803</b>
Purpose of Expenditure <b>IE-Radio-Rounds</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Marion Michael Rounds</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>SD</b>
Calendar Year-To-Date Per Election for Office Sought		<b>8747.44</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>StateNets</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>2601 Northwind Drive</b>		Amount <b>15000.00</b>	
City <b>Henrico</b>	State <b>VA</b>	Zip Code <b>23233-3315</b>	Transaction ID : <b>E9F53D8E038CB44D7814</b>
Purpose of Expenditure <b>IE-Radio-Perdue</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>David Perdue</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>31871.51</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>19201.86</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 26 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>1137.66</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EDD894CB66B074390A1A</b>
Purpose of Expenditure IE-Radio-Joyce		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>David P Joyce</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>14</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1137.66</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>450.98</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E71AAC754EE974196AEC</b>
Purpose of Expenditure IE-Radio-Terry		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Lee Terry</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NE</b>
Calendar Year-To-Date Per Election for Office Sought		<b>450.98</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>1588.64</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 27 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>494.98</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	<b>Transaction ID : E3401667824B94693A00</b>
Purpose of Expenditure <b>IE-Radio-Barr</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Garland Andy Barr</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>KY</b>
Calendar Year-To-Date Per Election for Office Sought		<b>494.98</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>1979.92</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	<b>Transaction ID : E9902342D58BB45FDB73</b>
Purpose of Expenditure <b>IE-Radio-Walorski</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Jackie Swihart Walorski</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IN</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1979.92</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>2474.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 28 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>
Mailing Address <b>111 Windel Drive</b>		Amount <b>2607.71</b>
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>
Purpose of Expenditure <b>IE-Radio-Schilling</b>	Category/Type	Transaction ID : <b>EB07695457BE04542B7B</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Robert T Schilling</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>17</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IL</b>
Calendar Year-To-Date Per Election for Office Sought <b>2607.71</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>
Mailing Address <b>111 Windel Drive</b>		Amount <b>2554.08</b>
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>
Purpose of Expenditure <b>IE-Radio-Rogers</b>	Category/Type	Transaction ID : <b>ED4F42CBEF9C242A7AD</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Wendy Rogers</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>09</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought <b>2554.08</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>5161.79</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 29	OF 38
FOR SE OF FORM 24/48	

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>2644.20</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E6CD99383A23D4DA0851</b>
Purpose of Expenditure <b>IE-Radio-Love</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Mia Love</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>04</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>UT</b>
Calendar Year-To-Date Per Election for Office Sought		<b>2644.20</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>11606.54</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E2A7D745D27014E57AC0</b>
Purpose of Expenditure <b>IE-Radio-Gillespie</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Edward W Gillespie</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>VA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>11991.92</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>14250.74</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 30 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>StateNets</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>2601 Northwind Drive</b>			Amount <b>4425.00</b>		
City <b>Henrico</b>	State <b>VA</b>	Zip Code <b>23233-3315</b>	Transaction ID : <b>E6775F094695E40A2AF5</b>		
Purpose of Expenditure <b>IE-Radio-Rounds</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Marion Michael Rounds</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>SD</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>8747.44</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>450.97</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E1C6CBD128EE34C468EE</b>		
Purpose of Expenditure <b>IE-Radio-Sasse</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Benjamin E Sasse</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NE</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>450.97</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>4875.97</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 31 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>1979.92</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	<b>Transaction ID : E493B24B696DA41248BB</b>
Purpose of Expenditure <b>IE-Radio-Stefanek</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Elise M Stefanik</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>21</b> State: <b>NY</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>6534.75</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	<b>Transaction ID : ED7A499F9B9AE4832B31</b>
Purpose of Expenditure <b>IE-Radio-Ernst</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Joni K Ernst</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>8514.67</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 32 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>1737.90</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E5F629871CAFB4783BC9</b>		
Purpose of Expenditure <b>IE-Radio-Jenkins</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Evan H Jenkins</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>03</b> State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1737.90</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>1228.86</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EDDD428EFC4814B78B54</b>		
Purpose of Expenditure <b>IE-Radio-Ellmers</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Renee Jacisin Ellmers</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>02</b> State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1228.86</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>2966.76</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 33 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>1997.11</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EB59597CCF64D4F0FA51</b>
Purpose of Expenditure <b>IE-Radio-Westerman</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Bruce Westerman</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>04</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1997.11</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>StateNets</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>2601 Northwind Drive</b>		Amount <b>8850.00</b>	
City <b>Henrico</b>	State <b>VA</b>	Zip Code <b>23233-3315</b>	Transaction ID : <b>EC01570EE16BE43B78A6</b>
Purpose of Expenditure <b>IE-Radio-Cassidy</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>William Cassidy</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>44531.84</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>10847.11</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 34 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>1626.69</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E49F5F16DD0F445B595B</b>
Purpose of Expenditure <b>IE-Radio-Nestande</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Brian Nestande</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>36</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1626.69</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>2463.96</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E3A8F6EB153464B8BBFC</b>
Purpose of Expenditure <b>IE-Radio-Gibson</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Christopher P Gibson</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>19</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</b>
Calendar Year-To-Date Per Election for Office Sought		<b>2463.96</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>4090.65</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 35 OF 38  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00509893       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>StateNets</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>28</div><div>2014</div></div>	
Mailing Address 2601 Northwind Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9000.00</div>	
City Henrico	State VA	Zip Code 23233-3315	<b>Transaction ID : EFE08EE7C73774ED4A15</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure IE-Radio-Cotton	Category/Type		
Name of Federal Candidate Thomas Cotton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">21018.18</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>28</div><div>2014</div></div>	
Mailing Address 111 Windel Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3060.00</div>	
City Raleigh	State NC	Zip Code 27609-4475	<b>Transaction ID : E1B0E56029B174C41ACB</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure IE-Radio-MacArthur	Category/Type		
Name of Federal Candidate Thomas Macarthur		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3060.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">12060.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

 MM / DD / YYYY  

10

29

2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 36 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>2400.07</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>E22CB7167174A4BE5897</b>		
Purpose of Expenditure <b>IE-Radio-Katko</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>John M Katko</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>24</b> State: <b>NY</b>
Calendar Year-To-Date Per Election for Office Sought		<b>2400.07</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>111 Windel Drive</b>			Amount <b>3931.71</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EA0591EF9491248EF9CC</b>		
Purpose of Expenditure <b>IE-Radio-Benishiek</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Daniel J Benishiek</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>01</b> State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought		<b>3931.71</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>6331.78</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 37 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>			Amount <b>19864.11</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>ED413013D3B744390806</b>	
Purpose of Expenditure <b>IE-Radio-Cassidy</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>William Cassidy</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>44531.84</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Marketel Media, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>			Amount <b>8470.40</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EEEEF51B19DA54B1E8C</b>	
Purpose of Expenditure <b>IE-Radio-McConnell</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Mitch McConnell</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>18477.73</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>28334.51</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 38 OF 38  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marketel Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>111 Windel Drive</b>		Amount <b>2312.06</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27609-4475</b>	Transaction ID : <b>EE4FC1F54BDEC4A85849</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure <b>IE-Radio-McSally</b>		Category/Type	
Name of Federal Candidate <b>Martha E Mcsally</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate
District: <b>02</b> State: <b>AZ</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		<b>2312.06</b>	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate
District: _____ State: _____		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>2312.06</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>366818.94</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature